2010 Military Health System Conference

Overview and Update on DoD Pharmacy

Spends, Trends, and Management Initiatives

Sharing Knowledge: Achieving Breakthrough Performance

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25 January 2010

Overview

- State of DoD Pharmacy Affairs
- Cost/Workload Trends
- Managing the benefit from the program perspective
- Federal Ceiling Price at Retail Update
- T-Pharm Update
- On-going Initiatives, Readiness
- The Way Ahead
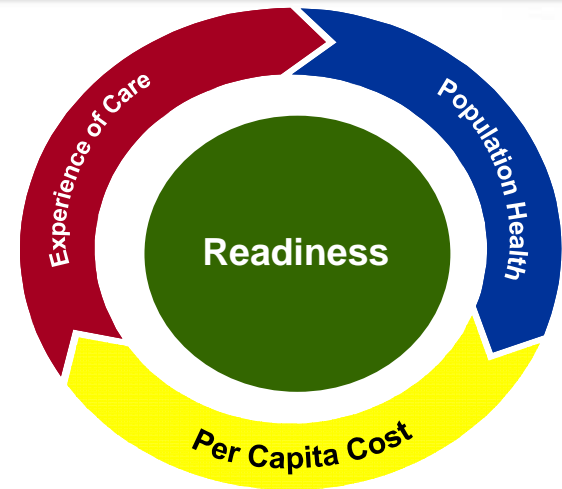
Our Ultimate Goal: Quadruple Aim

- **Readiness**
  - Pre and post-deployment
  - Family Health
  - Professional Competency
- **Population Health**
  - Health Service members, families, retirees
  - Quality health care outcomes
- **A Positive Patient Experience**
  - Patient and family centered care, access, satisfaction
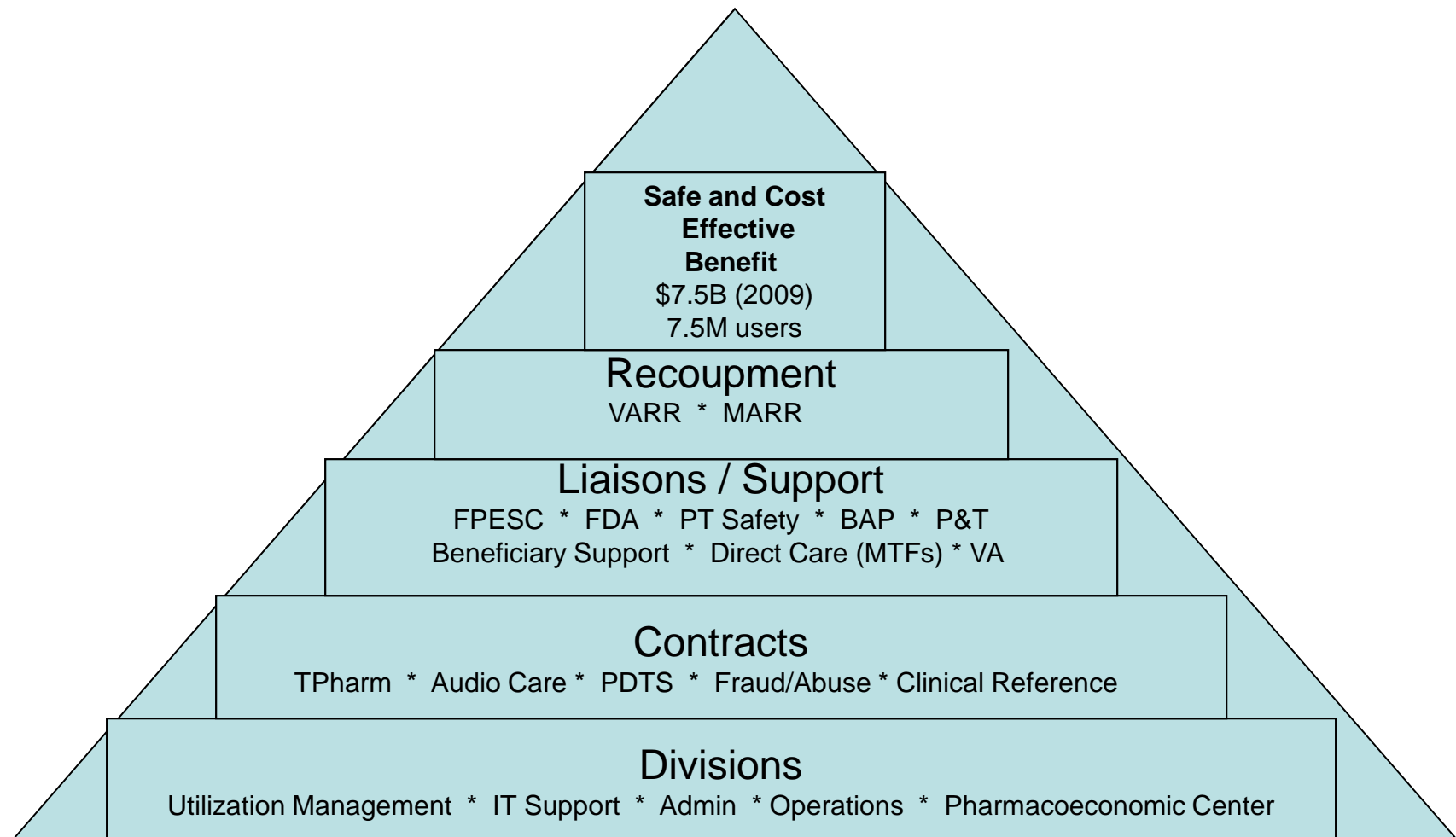- **Cost**
  - Reasonably managed
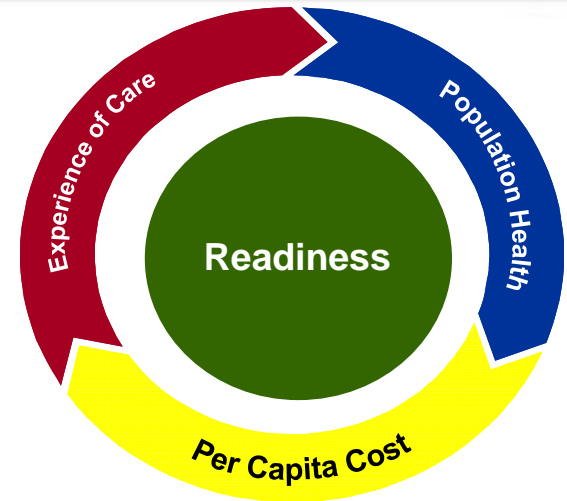
State of DoD Pharmacy Affairs

- ## Managing overall costs
  - Exploring ways to leverage lower cost MTF and MOP pharmacies, to fill prescriptions for expensive medications

- ## Informatics
  - Emphasizing usefulness of data
  - Increasing visibility of medication use through entire spectrum of care, including in-theater

- ## Continued emphasis on outcomes/quality improvement

Experience of Care | Population Health | Readiness | Per Capita Cost

Managing the DoD Pharmacy Benefit

Safe and Cost Effective Benefit
$7.5B (2009)
7.5M users

Recoupment
VARR * MARR

Liaisons / Support
FPESC * FDA * PT Safety * BAP * P&T
Beneficiary Support * Direct Care (MTFs) * VA

Contracts
TPharm * Audio Care * PDTS * Fraud/Abuse * Clinical Reference

Divisions
Utilization Management * IT Support * Admin * Operations * Pharmacoeconomic Center

DoD Pharmacy Points of Service
FY09

POS	Rxs	30-day Rxs*	30-day Rxs (%)*	% Dollars	Total Dollars
MTF	48,101,964	80,252,540	44%	19%	$1.43 B
Retail	71,414,850	73,753,775	40%	67%	$5.06 B
Mail Order	10,454,703	30,148,634	16%	14%	$1.05 B

*Normalized based on 30-day supply of medications
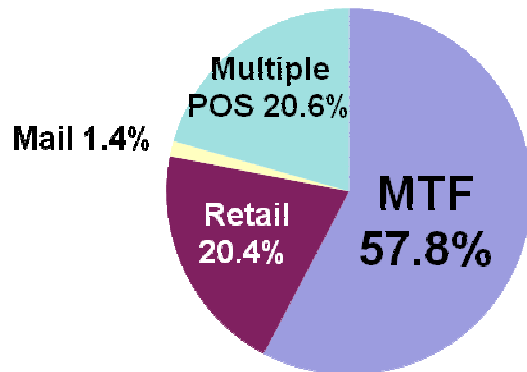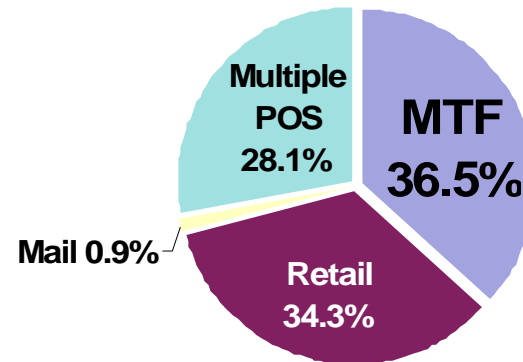
MHS Pharmacy Benefit Utilizers
By POS, Jul 01 – Nov 09
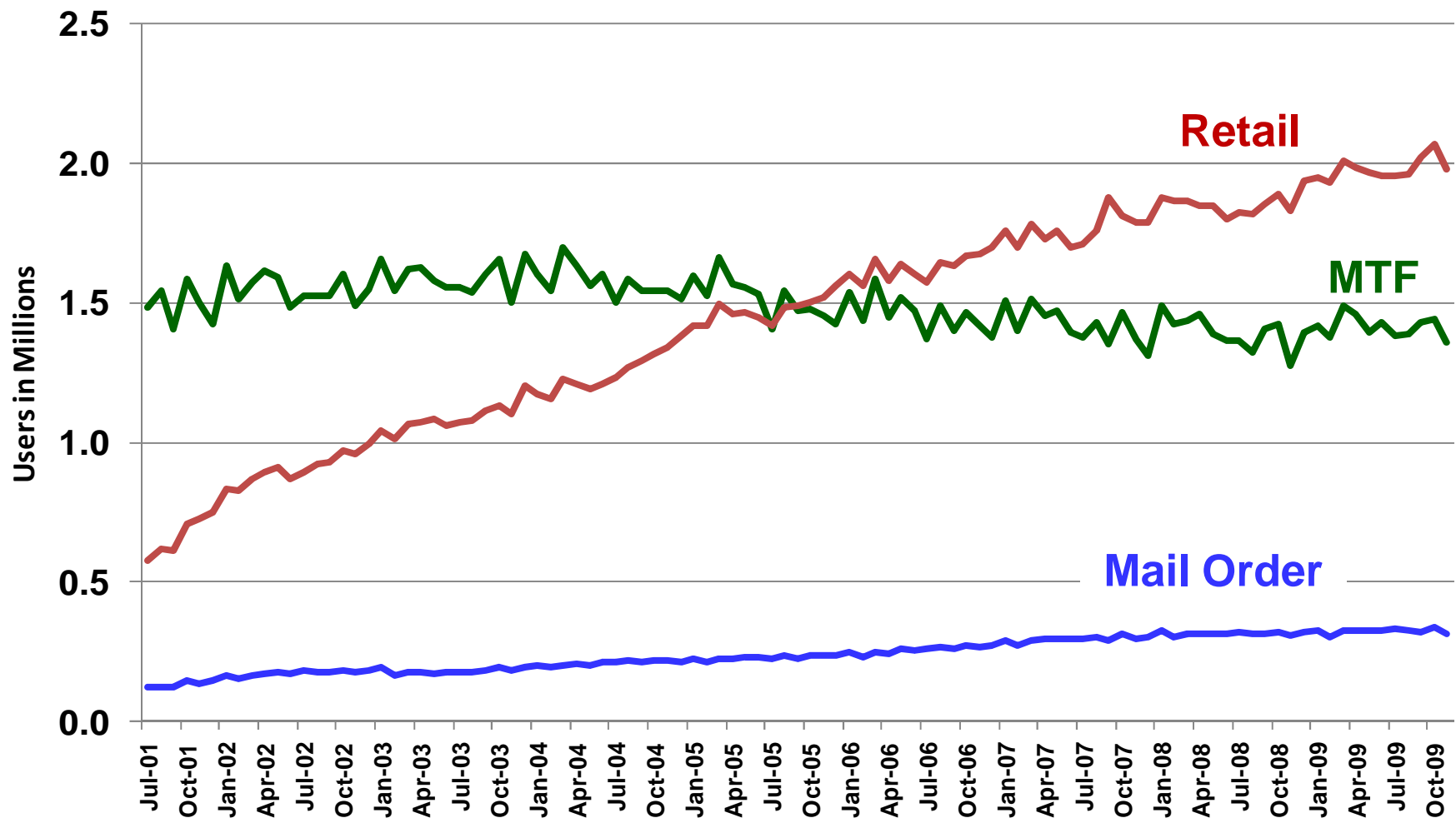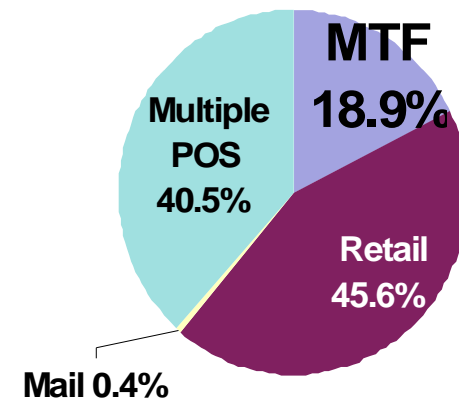
MHS (Utilizer) Market Share
FY 2003, 2009 and 2015

Past
FY 2003

Multiple POS 20.6%
Mail 1.4%
Retail 20.4%
MTF 57.8%

Present
FY 2009

Multiple POS 28.1%
MTF 36.5%
Mail 0.9%
Retail 34.3%

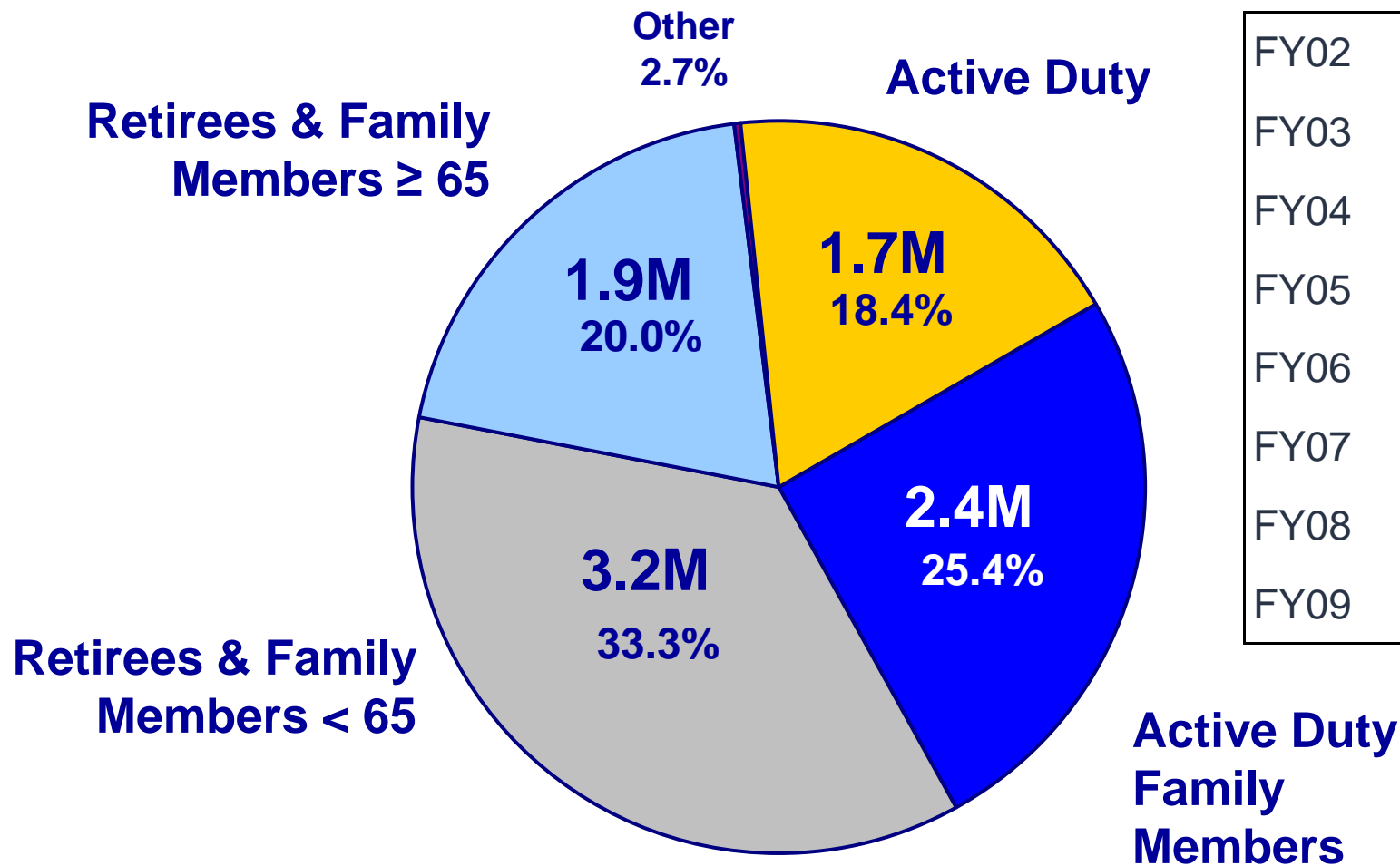## Future
FY 2015

MTF 18.9%
Multiple POS 40.5%
Retail 45.6%
Mail 0.4%

- **Assuming trends remain constant:**
  - By 2015, the percent of utilizers exclusively using MTFs for pharmacy services would shrink to 18.9%
  - Greatest loss of market share to retail, followed by multiple points of service

TRICARE Eligible Beneficiaries Monthly Average, FY09

Other 2.7%

Active Duty

Retirees & Family Members ≥ 65

1.9M 20.0%

1.7M 18.4%

3.2M 33.3%

2.4M 25.4%

Retirees & Family Members < 65

Active Duty Family Members

FY02	8.6 Million
FY03	8.9 Million
FY04	9.1 Million
FY05	9.2 Million
FY06	9.2 Million
FY07	9.2 Million
FY08	9.3 Million
FY09	9.5 Million

Source: M2

DoD Drug Outpatient Expenditures
thru FY 2009

Expenditures
MTF   19%
Retail 67%
Mail   14%

Legend:
- Mail
- Retail
- MTF

TRICARE Sr Rx Implementation 1 Apr 2001

Year	MTF	Retail	Mail	Total
1995	$617	$181		$798
1996	$662	$193		$855
1997	$741	$245		$986
1998	$797	$283	$35	$1,115
1999	$878	$342	$83	$1,303
2000	$1,034	$455	$106	$1,595
2001	$1,170	$681	$191	$2,042
2002	$1,388	$1,279	$347	$3,014
2003	$1,566	$1,848	$429	$3,843
2004	$1,703	$2,430	$546	$4,679
2005	$1,615	$3,162	$629	$5,406
2006	$1,536	$3,912	$718	$6,166
2007	$1,461	$4,191	$862	$6,439
2008	$1,407	$4,506	$954	$6,867
2009	$1,430	$5,062	$1,046	$7,537

Notes: Totals represent direct DoD costs for prescriptions and do not include MTF dispensing costs, retail and mail order contract costs, or refunds/rebates from manufacturers

MHS Per Capita Outpatient Drug Spend

	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
MTF[1]	$1,388	$1,565 (↑12.7%)	$1,704 (↑8.9%)	$1,615 (↓5.2%)	$1,536 (↓4.9%)	$1,470 (↓4.3%)	$1,388 (↓5.6%)	$1,430 (↑3.0%)
Retail[2,4]	$1,278	$1,847 (↑44.6%)	$2,430 (↑31.6%)	$3,162 (↑30.1%)	$3,909 (↑23.6%)	$4,133 (↑5.7%)	$4,230 (↑2.4%)	$4,683 (↑13.9%)
Mail[3]	$347	$429 (↑23.4%)	$546 (↑27.3%)	$629 (↑15.2%)	$718 (↑14.2)	$857 (↑19.4%)	$954 (↑11.3%)	$1,046 (↑9.6%)
Total	$3,013	$3,841 (↑27.5%)	$4,680 (↑21.8%)	$5,406 (↑15.5%)	$6,163 (↑14.1%)	$6,446 (↑4.6%)	$6,572 (↑1.95%)	$7,159 (↑8.9%)
Cost per Beneficiary	$347	$430 (↑23.9%)	$511 (↑18.9%)	$587 (↑14.8%)	$670 (↑14.1%)	$701 (↑4.6%)	$707 (↑0.8%)	$754 (↑6.7%)

Notes

Sources: PDTS; MTF Prime Vendor data

1. Does not include MTF dispensing costs
2. Net of copay, dispensing fee, tax and other payer costs
3. Includes mail order processing fee, does not include contract costs.
4. Adjusted for actual MARR/VARR payments

Pharmaceutical Costs

For Eligible Beneficiaries, By Age and POS, FY09

Cost per < 65 Eligible Beneficiary

$$\frac{\$ 3.86 \text{ Billion}}{7{,}575{,}354 \text{ Eligible}} = \$ 510 \text{ per Eligible Beneficiary}$$

$ 124 MTF (24%)

$ 41 Mail (8%)

$ 345 Retail (68%)

Cost per ≥ 65 Eligible Beneficiary

$$\frac{\$ 3.68 \text{ Billion}}{1{,}907{,}961 \text{ Eligible}} = \$ 1{,}927 \text{ per Eligible Beneficiary}$$

$ 259 MTF (13%)

$ 385 Mail (20%)

$ 1,284 Retail (67%)

Source: M2 & PDTS Data

Notes: MTF costs do not include dispensing costs; retail costs are net of copay, dispensing fee, tax and other payer costs; do not include contract costs or refunds/rebates from manufacturers; mail order costs include processing fee, does not include contract costs.

Prevalence of Pharmacy Benefit Use: FY02-FY09

Prevalence = Proportion of beneficiaries who fill one or more Rxs during a given period of time = $\dfrac{\text{\# Users 7.5M}}{\text{\# Beneficiaries 9.5M}}$

	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
< 65	64.0%	67.7% (↑5.8%)	67.8% (↑0.2%)	69.5% (↑2.5%)	70.1% (↑0.8%)	72.9% (↑4.1%)	72.4% (↓0.7%)	73.7% (↑1.8%)
≥ 65	73.9%	76.2% (↑3.2%)	78.3% (↑2.6%)	81.5% (↑4.1%)	84.3% (↑3.5%)	90.0% (↑6.7%)	83.5% (↓7.2%)	83.9% (↑0.4%)
Total	65.9%	69.3% (↑5.1%)	69.8% (↑0.7%)	71.8% (↑2.8%)	72.8% (↑1.5%)	76.3% (↑4.8%)	74.6% (↓2.2%)	75.8% (↑1.5%)

Source: PDTS

Intensity of Prescription Use

FY02 – FY09

$$\text{Intensity} = \frac{\text{Number of Rxs per user during a given period of time}}{} = \frac{\text{\# 30-day Equivalent Rxs}}{\text{\# Users (7.5M)}}$$

	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
< 65	12.8	13.2 (↑2.3%)	14.0 (↑5.7%)	14.7 (↑5.1%)	15.3 (↑4.4%)	15.7 (↑2.2%)	16.0 (↑2.5%)	16.3 (↑1.3%)
≥ 65	40.1	45.7 (↑12.8%)	49.2 (↑7.6%)	51.2 (↑4.3%)	53.3 (↑3.3%)	51.9 (↓2.6%)	57.4 (↑10.7%)	59.0 (↑2.8%)
All Ages	18.6	19.9 (↑6.3%)	21.2 (↑6.3%)	22.6 (↑6.8%)	23.9 (↑5.5%)	24.2 (↑1.1%)	25.4 (↑4.9%)	25.8 (↑1.7%)

Calculated using non-rounded numbers; rounded for display

Source: PDTS

Pharmacy Cost Trend Components
FY02 – FY09

	FY02-03	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09
Change in Prevalence % Beneficiaries Using the Pharmacy Benefit	5.2%	0.7%	2.9%	1.5%	4.8%	-2.2%	1.5%
Change in Intensity 30 day Equivalent Rxs per User	6.3%	6.3%	6.8%	5.6%	1.1%	4.9%	1.7%
Drug Price Change Weighted % Change in price of drugs	5.5%	6.7%	5.9%	4.2%	4.0%	5.5%	5.5%
Mix/New Drugs Change in drug mix & new drug usage	5.1%	4.0%	-1.4%	2.6%	-4.0%	-3.7%	-1.4%
% Change in Average Cost per Beneficiary per Year	23.8%	18.9%	14.8%	14.5%	5.7%	4.2%	7.2%

Federal Ceiling Price (FCP) Update

- Legislation passed in FY08 National Defense Authorization Act to authorize DoD to bill pharmaceutical manufacturers for refunds of overpayment for drugs in the retail venue; implementing reg May 26 2009

- All prescriptions filled in retail pharmacies on or after enactment date (Jan 28, 2008) will be treated as an element of DoD for purposes of procurement of drugs

FCP cont.

- Manufacturers sign a pricing agreements for refunds of retail use for covered drugs

- Products not on a pricing agreement are not eligible for 2nd tier formulary placement unless it is the only drug in its' class

- Manufacturers are required to pay refunds to FCP price regardless of formulary status if DoD utilizes the product

FCP cont.

- Projected FY10 Refunds for Covered Drugs:
  - DHP: $461M
  - MERHCF: $563M
  - Total: $1.024B

FCP cont.

- NOTE: This legislation does <u>not</u> level the playing field regarding MTF or MOP drug procurement prices

- MTF and MOP drug procurement prices remain lower than retail even after the mandatory and voluntary refunds

- Increasing MTF formularies and recapturing retail prescriptions into MTF and MOP remain the keys to decreasing PMPM DoD pharmacy costs

T-Pharm Update

- TPharm combines mail and retail into a single contract
  - Single contract management instead of duplicate
  - Single call center – one phone number
- Contract startup had minimal impact for beneficiaries
  - Majority of existing retail network is intact
  - Most beneficiaries using MOP or Network Retail Pharmacies did not need new Rx

TPharm Contract Objectives

- Uniformly, consistently, and equitably provide prescription drug benefit to meet beneficiaries clinical needs in effective, efficient, and fiscally responsible manner

- Educate beneficiaries and prescribers to increase MOP and MTF pharmacy utilization

Experience of Care

Population Health

Readiness

Per Capita Cost
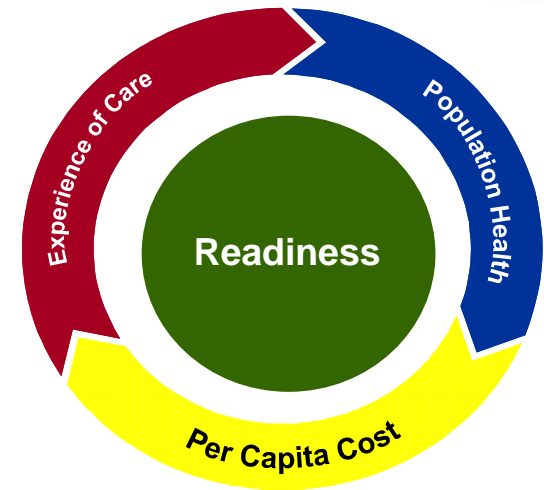
TPharm Contract Objectives

- Promote beneficiary safety through utilization of commercial best practices

- Establish and maintain high level of beneficiary satisfaction

- Use cost-effective management approach to provide services incorporating commercial best practices consistent with requirements
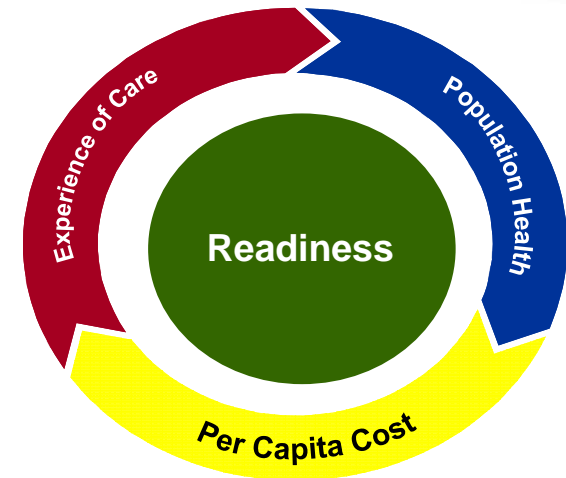
TPharm Update

- **Changes from current TRRX and TMOP contracts**
  - Adds specialty services at mail order for high cost, special handling drugs (e.g., Hepatitis C, RA, MS, Bleeding disorders)
    - Medication case management services for all patients tailored to their medication and disease
    - 4010 Rxs are now covered under this service

- **Expanded member choice center (MCC)**
  - Prescription transfers from retail to MTF or the mail order pharmacy

Tpharm Specialty Medication Program

- Access
  - Retail Setting
    - 130 In network specialty pharmacies
    - Limited distribution network
    - Broad range of bleeding disorder options exceed National Hemophilia Foundation and Hemophilia Federation of America network standards
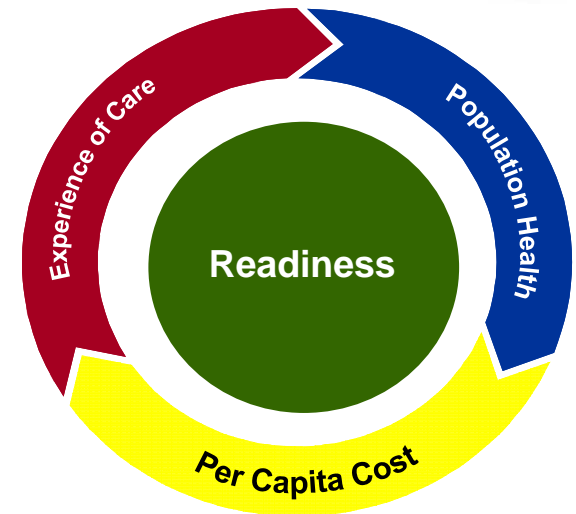
TPharm Specialty Medication Program

- ## Access *Continued*
  - Mail Order Setting
    - Contractually Preferred access point
    - Provides clinical monitoring program aimed at increasing adherence
    - Beneficiaries opt into program

Experience of Care

Population Health

Readiness

Per Capita Cost
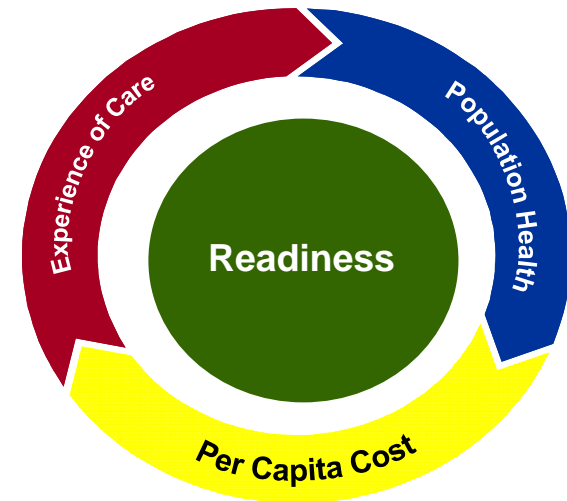
TPharm Specialty Program Objectives

Optimal Clinical Management

- Appropriate utilization and administration – drives out waste
- Compliance and adherence tracking and support

Comprehensive Patient Education

- at start of therapy
- customized by patient
- tailored follow-up based on severity of disease state

Mitigate Adverse Drug Reactions

- Monitor and intervene as necessary
- Proactively reach out to physicians
- Talk with the patients prior to dispensing refills

URAC
ACCREDITED

TPharm Specialty Program Components

Core Services

All of our specialty patients using the Mail Order Pharmacy

- RN telephone calls for structured screening based on disease state, adherence support and waste avoidance

- Specialty PCA's & Pharmacists available to answer questions 24x7

- Refill Reminders

- Scheduled Delivery

- Referral to On-Staff Social Workers as appropriate

- Targeted Education and Coaching

Specialty Opt In Rx Volume

Specialty Rxs - Opt In / Out

Legend:
- Opt Out
- Opt In

Y-axis: # of Rxs (0 to 3500)

X-axis: Nov '09, Dec '09, Jan '10 (MTD thru 1/15)
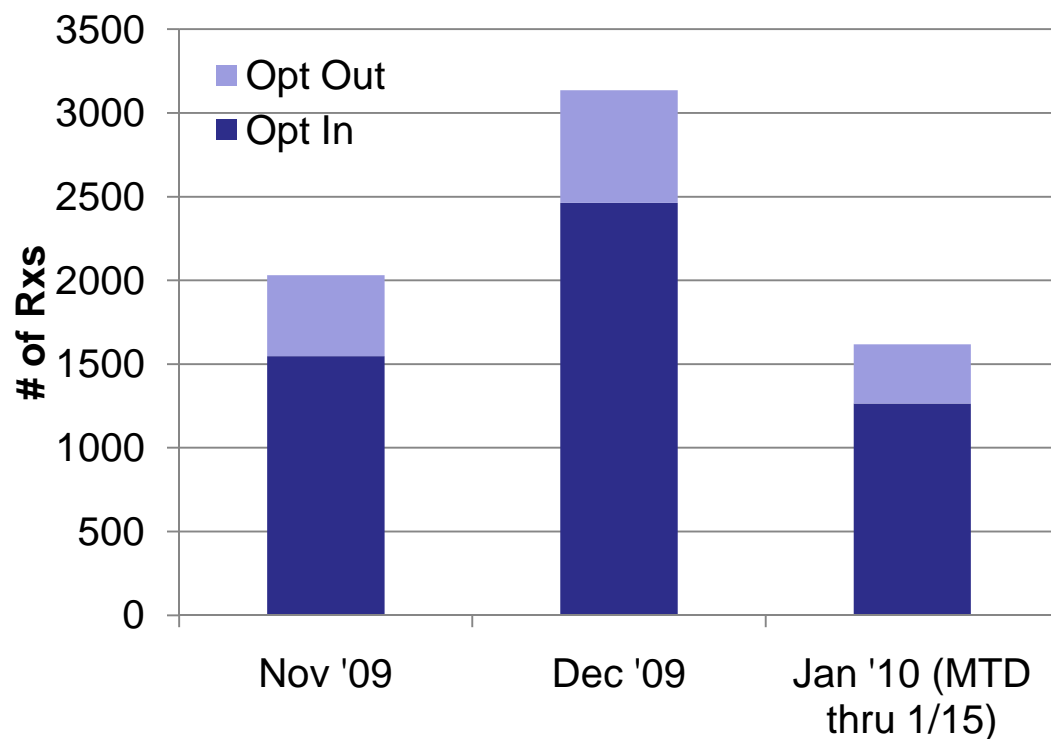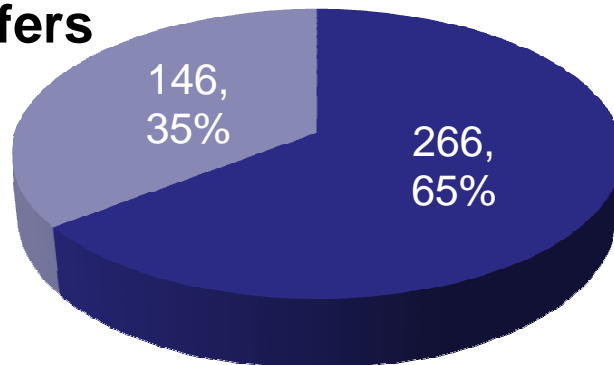
% of Rxs Opted In: 77.7%

Top 5 drugs - % opted in

- Forteo Prefilled Pen – 2.4 ML: **80%**
- Enbrel Sureclick Auto Inj 4S: **78.7%**
- Enbrel PFS 4's: **77.1%**
- Humira Pen Kit 2's: **76.6%**
- Humira Syr Prefilled Kit 2S: **78.0%**
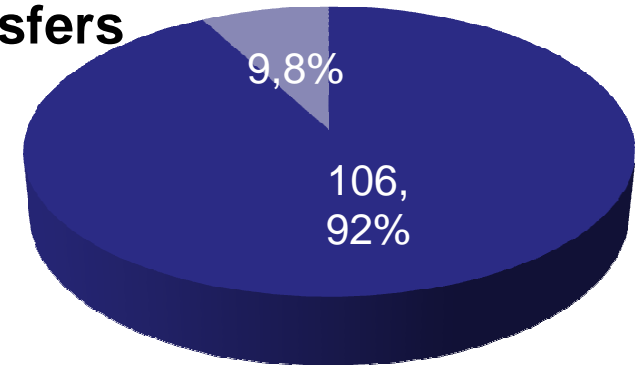
Specialty Program – Pharmacy Transfer Activity
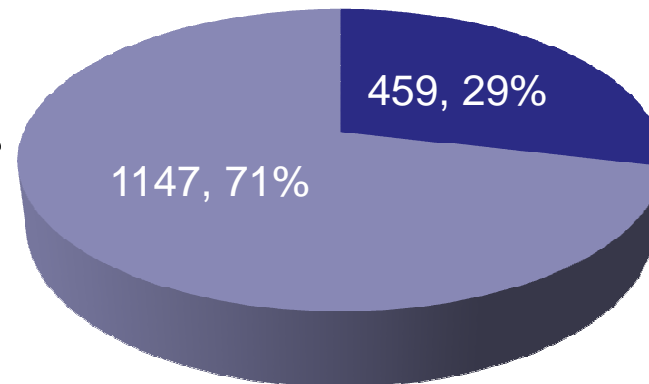
Limited Distribution Transfers

146, 35%

266, 65%

Analysis based off paid claim data through 1/1/10 in conjunction with Rxs being held for future fill

Hemophilia Transfers

9, 8%

106, 92%

Analysis based off paid claim data through 1/1/10 in conjunction with Rxs being held for future fill

General Transfers

459, 29%

1147, 71%

Analysis based off paid claim data through 1/1/10; does not include Rxs being held for future fill

■ Transferred
■ Have not yet transferred

161 Transfers to Specialty Mail Order Program

MCC Performance

2010 MCC Volume

# of Requests (y-axis: 8,000 to 24,000)

Legend:
- ■ Closed
- ■ Approved

X-axis categories: Nov '09, Dec '09, Jan '10 (MTD thru 1/15)
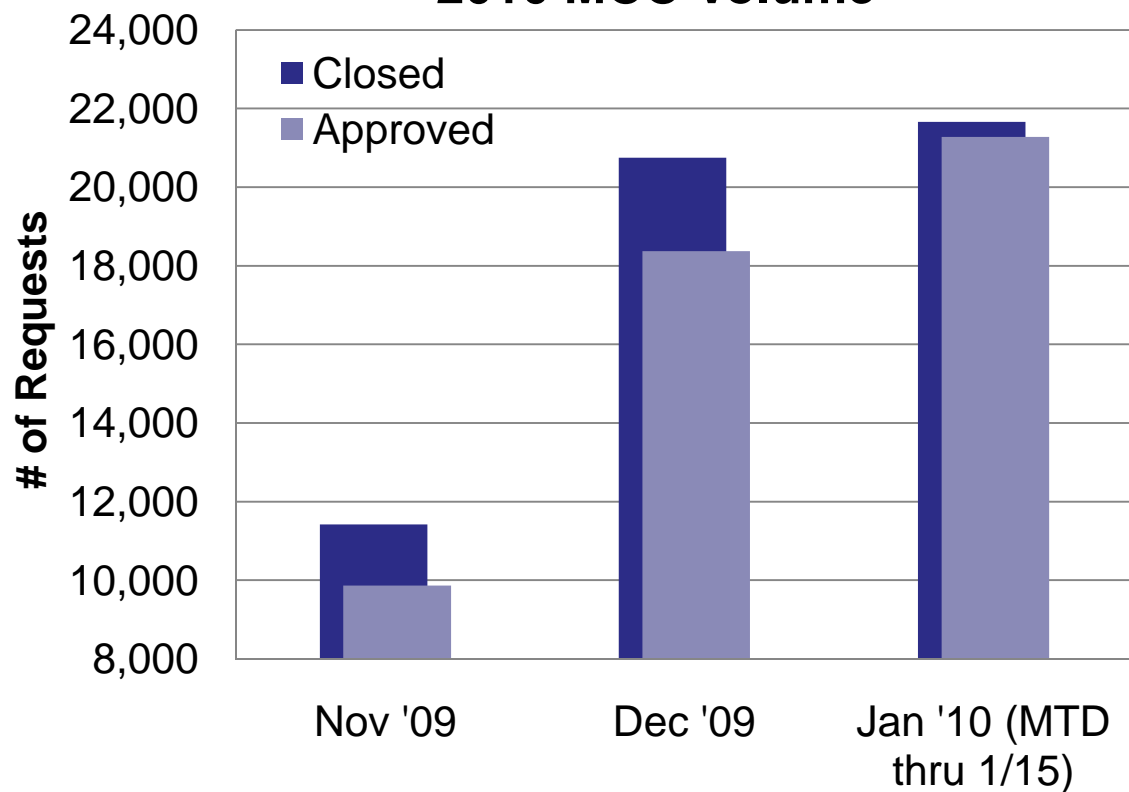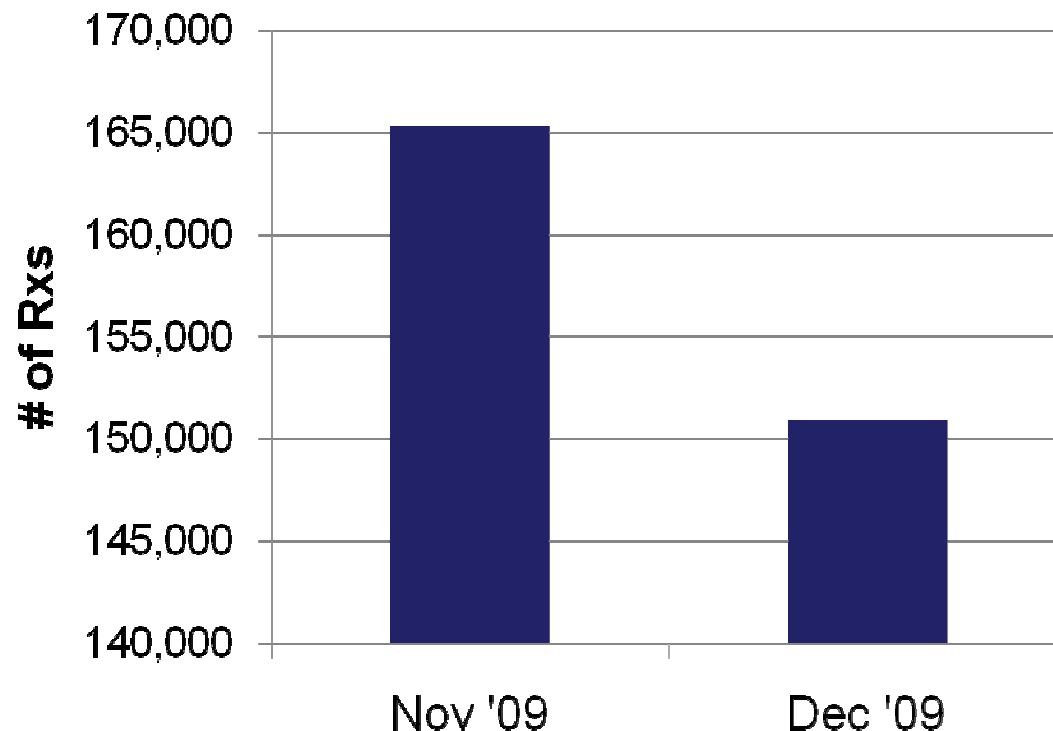
Current Conversion Rate: 92%

- Under TPharm, MTF Rxs can be converted, as well as retail Rxs
- Extended hours of operations under TPharm

Since Inception Aug 07: $66 M in estimated savings to DoD
$3 M in estimated savings to Beneficiaries
217,330 total rxs converted

Mail Order Auto Refills

Auto-Refill Enrollment

- Refills automatically processed without having to reorder

- Increases adherence by ensuring refills are received on time with no need for expedited shipping or going to retail for a short-term fill

- 931,000 rxs enrolled
- 313,000 DoD beneficiaries enrolled

Data as of 1/11/10

- Beneficiaries can enroll through Call Center, on line, or when they are ordering a refill

MTF to Mail Order Prescription Transfer Interface

- Developed to enable electronic transfer of prescriptions to Mail Order
- Patients can initiate transfer at pharmacy window or via telephone refill system (AudioCARE®)
- October 2009: Tested at NH Camp Lejeune
- 1st Qtr CY10: Deploy to all CHCS hosts
- Meds **not** eligible: Controlled substances, compounded items, investigational drugs, OTC drugs

MTF to Mail Order Prescription Transfer Interface Cont.
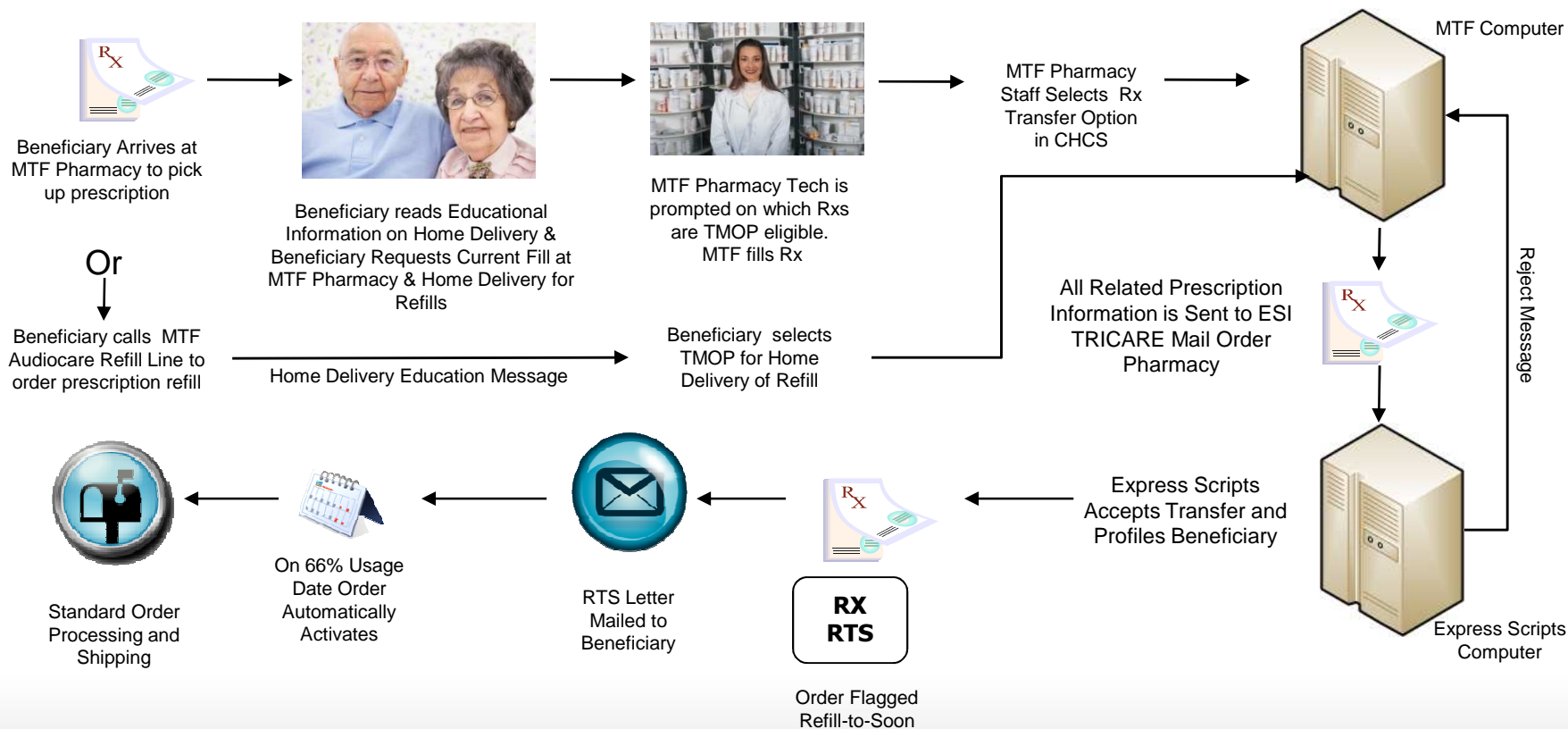
- **Site Activation Considerations**
  - Beneficiary education, copays will apply to medications transferred to Mail Order
    - Base newspaper, AudioCARE® outbound messages, Trifold pamphlets, bag stuffers
  - Coordinating drug file setup with Mail Order Pharmacy through TMA Pharmacy Operations Directorate

MTF to Mail Order Transfer Process

Objective: Reduce refill prescription workload at the MTFs and significantly reduce number of maintenance prescriptions going to retail.

Beneficiary Arrives at MTF Pharmacy to pick up prescription

Or

Beneficiary calls MTF Audiocare Refill Line to order prescription refill

Beneficiary reads Educational Information on Home Delivery & Beneficiary Requests Current Fill at MTF Pharmacy & Home Delivery for Refills

Home Delivery Education Message

MTF Pharmacy Tech is prompted on which Rxs are TMOP eligible. MTF fills Rx

Beneficiary selects TMOP for Home Delivery of Refill

MTF Pharmacy Staff Selects Rx Transfer Option in CHCS

MTF Computer

Reject Message

All Related Prescription Information is Sent to ESI TRICARE Mail Order Pharmacy

Express Scripts Accepts Transfer and Profiles Beneficiary

Express Scripts Computer

RX RTS

Order Flagged Refill-to-Soon

RTS Letter Mailed to Beneficiary

On 66% Usage Date Order Automatically Activates

Standard Order Processing and Shipping

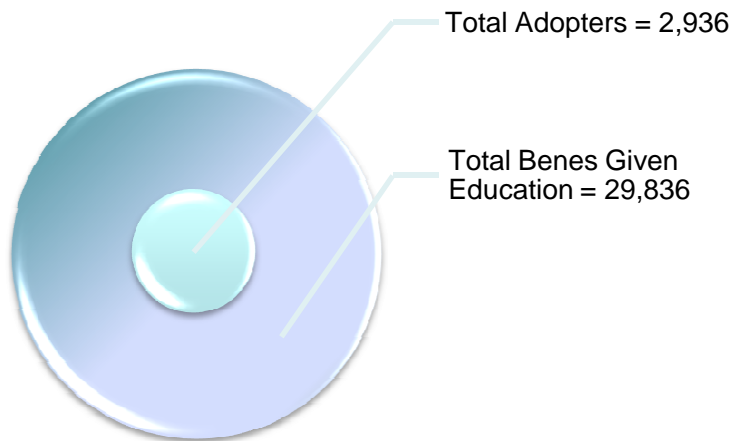# Additional MTF Initiatives

- Fax Transfer
  - Provides interim solution to transfer to MOP until Automated transfer widely available
  - In place at:
    - NNMC Bethesda
    - WRAMC
    - FT McPherson
    - BAMC
    - Naval Branch Health Clinic, Brunswick, ME
    - Naval Branch Health Clinic, Athens, GA
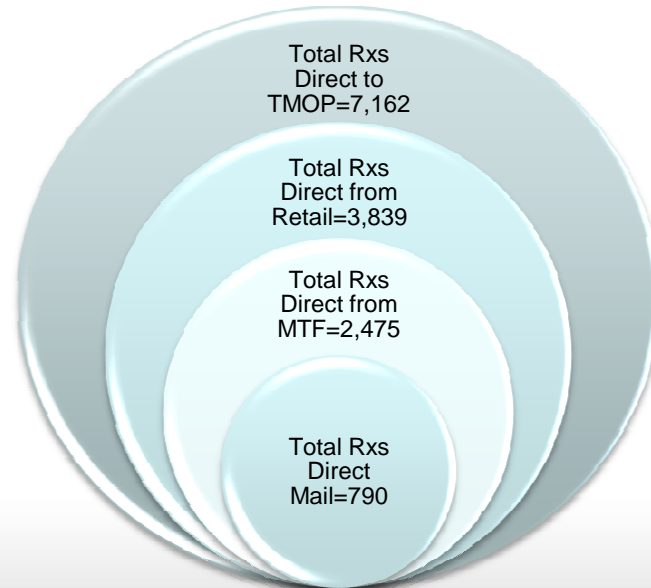
Additional MTF Initiatives

- **Enrollment Coordinator Transfer Assistance**
  - Staff onsite at BAMC, FT McPherson, NNMC and WRAMC to provide real time education and transfer to MOP assistance

Beneficiary Activity

Total Adopters = 2,936

Total Benes Given Education = 29,836

Transfer Activity

Total Rxs Direct to TMOP=7,162

Total Rxs Direct from Retail=3,839

Total Rxs Direct from MTF=2,475

Total Rxs Direct Mail=790

Additional MTF Initiatives

- BRAC Site Transfer Assistance
  - Onsite Enrollment Coordinators for education and assistance 1 week a month
  - Communications sent to beneficiaries prior to MTF pharmacy closing advising of MOP option and process
  - MTF uses fax transfer to MOP or beneficiary can use MCC for conversion assistance
    - Naval Branch Health Clinic, Brunswick, ME – March 1, 2010
    - FT Monmouth, NJ – March 1, 2010
    - FT McPherson, GA – October 1, 2010

OTC Demo Background

- Section 705 of the John Warner National Defense Authorization Act of 2007 directed the Department of Defense to conduct a demonstration project to allow certain over-the-counter medications to be included on the Uniform Formulary

- Successful from both beneficiary acceptance and government savings
  - About 192,325 beneficiaries have used it to fill 683,582 prescriptions
  - $17.6M in cost avoidance to DoD

E-Prescribing

- ## DoD Definition
  - Allow electronic prescribing from all points of order entry - civilian and Military Treatment Facility (MTF) - to all points of dispensing (MTF, mail order, and retail)

- ## Goals
  - Electronically share information at all points of service
    - Military & Civilian Providers and Pharmacies
    - Beneficiary

E-Prescribing

- ## DoD Definition
  - Allow electronic prescribing from all providers - civilian and Military Treatment Facility (MTF) - to all points of dispensing (MTF, mail order, and retail)
- ## Goals
  - Electronically share information at all points of service
    - Military & Civilian Providers and Pharmacies
    - Beneficiary
  - Types of Information
    - Prescription
    - Formulary
    - Eligibility
    - Medication History

Pharmacy Coverage of Selected Vaccines

- Interim Final published Dec 10th, live Dec 29
- Adds 47,000 participating retail network pharmacies as authorized providers for purposes of administering 3 vaccines
  - H1N1 flu vaccine; Seasonal flu vaccine; Pneumococcal vaccine
  - 5,350 claims paid through 1/18/10
- Available to all eligible for retail pharmacy benefit at $0 copayment
- TRICARE asking for comments by Feb 8 regarding coverage of other vaccines

Readiness/Population Health Initiatives

- **Prescription Medication Analysis Reporting Tool (PMART)**
  - expansion and new reports
- **Deployment Prescription Program**
- **Pharmacy Restriction Program**
- **Medical Necessity Portability**
- **Fentanyl Automated Profile Review**
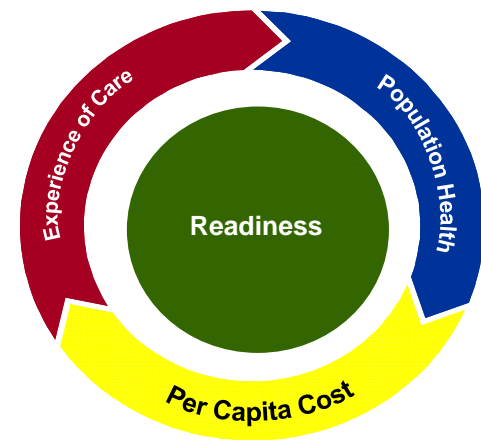
Prescription Medication Analysis Reporting Tool (PMART)

- **Medication profile snapshot**
  - Pre-deployment medication screening
  - WTU high-risk medication screening
- **Menu-driven, Microsoft Access database with look-up features and reports**
- **Developed by the Pharmacy Operations Center - www.pec.ha.osd.mil/pmart**
- **Pharmacy Data Transaction Service (PDTS) is data source for 3 pharmacy points of service**

Deployment PMART Home Page

Master Reports Selection Button

P-MART | Prescription Medication Analysis And Reporting Tool - Reports

Select a Report

- Chronic Med Use Summary
- Chronic Medication Use
- Controlled Substance *Details*
- Controlled Substance *Summary*
- Drug Combination Report
- High Risk Medication *Details*
- High Risk Medication *Summary*
- Mefloquin Combination Patient
- Narcotic Medication *Details*
- Narcotic Medication *Summary*
- Non-DepMed Use *Details*
- Non-DepMed Use *Summary*
- Psychotropics *Details*
- Psychotropics *Summary*
- Surgeon's Recall Roster
- Total Utilization By Unit and Name

Select Report Options for Chronic Med Use Summary

Current setting for P-MART reporting dates:

From   28 May 2008   to   29 May 2009

Change Reporting Dates

Select/Deselect Units to Include

High Risk Medication List

Suppress Drugs from Reports

Report of drug utilization for Chronic Use medications. This is a summary report by drug.

○ Preview
○ Print

Close This Form

Version 5 ● May 2009

Patient Medication Profiles Button

Psychotropic Patient Dispensing Summary Report

Psychotropic Patient Dispensing Summary

Data current as of 6/8/2009

Personal Data - Privacy Act of 1974 (PL 93-579)

DOE, JOHN   777777777

BUDEPRION SR	BUPROPION HCL 150MG	TABLET SA	# of Rx's	4
BUDEPRION XL	BUPROPION HCL 150MG	TAB.SR 24H	# of Rx's	2
BUDEPRION XL	BUPROPION HCL 300MG	TAB.SR 24H	# of Rx's	4

PILOT, COMBAT   444444444

| CLONAZEPAM | CLONAZEPAM 1MG | TABLET | # of Rx's | 2 |

SAILOR, NAVY   222222222

| LORAZEPAM | LORAZEPAM 1MG | TABLET | # of Rx's | 5 |
| SERTRALINE HCL | SERTRALINE HCL 100MG | TABLET | # of Rx's | 1 |

PMART Statistic Report

Medication Use Statistics

Date Range: 5/28/2008 - 5/29/2009

Personal Data - Privacy Act of 1974 (PL 93-579)

Current Number of Service Members :   8

Current Number of Prescriptions: 129

Current Number of Service Members with Prescriptions: 8   100.0%

The below statistics are all subject to available filtering. If you have deselected units or changed the reporting date range on the previous window (Details/Admin window), the counts below will report within these restrictions. The percentages below use Current Number of Service Members/Prescriptions as the denominator.

	Number of Rxs		Number of SMs on at least one:	
High Risk Medications:	25	19.4%	4	50.0%
Non-Deployment Medications:	60	46.5%	8	100.0%
Chronic Medications:	59	45.7%	8	100.0%
Controlled Medications:	25	19.4%	6	75.0%
Narcotic Medications:	25	19.4%	5	62.5%

Deployment Prescription Program

- PMART for pre-deployment medication screening

- Mail Order Pharmacy (MOP) used for medication refills in theater

  - MOP form/registration sent to Pharmacy Operations Center for processing

  - MOP sends email to the SM to update mailing address and remind SM to order refill

  - MOP sends prescription to SM

Deployment Prescription Program

- Increased use of Program by all Services
- Work closely with CENTCOM Surgeon's office and Theater Pharmacists
- Ensure we are responsive to questions and issues from theater and deployment sites
  - Provide DPP and PMART briefs/demos to deployment center providers and pharmacists
  - Pharmacy Operations Center staffed 24 hours

Pharmacy Restriction Tool
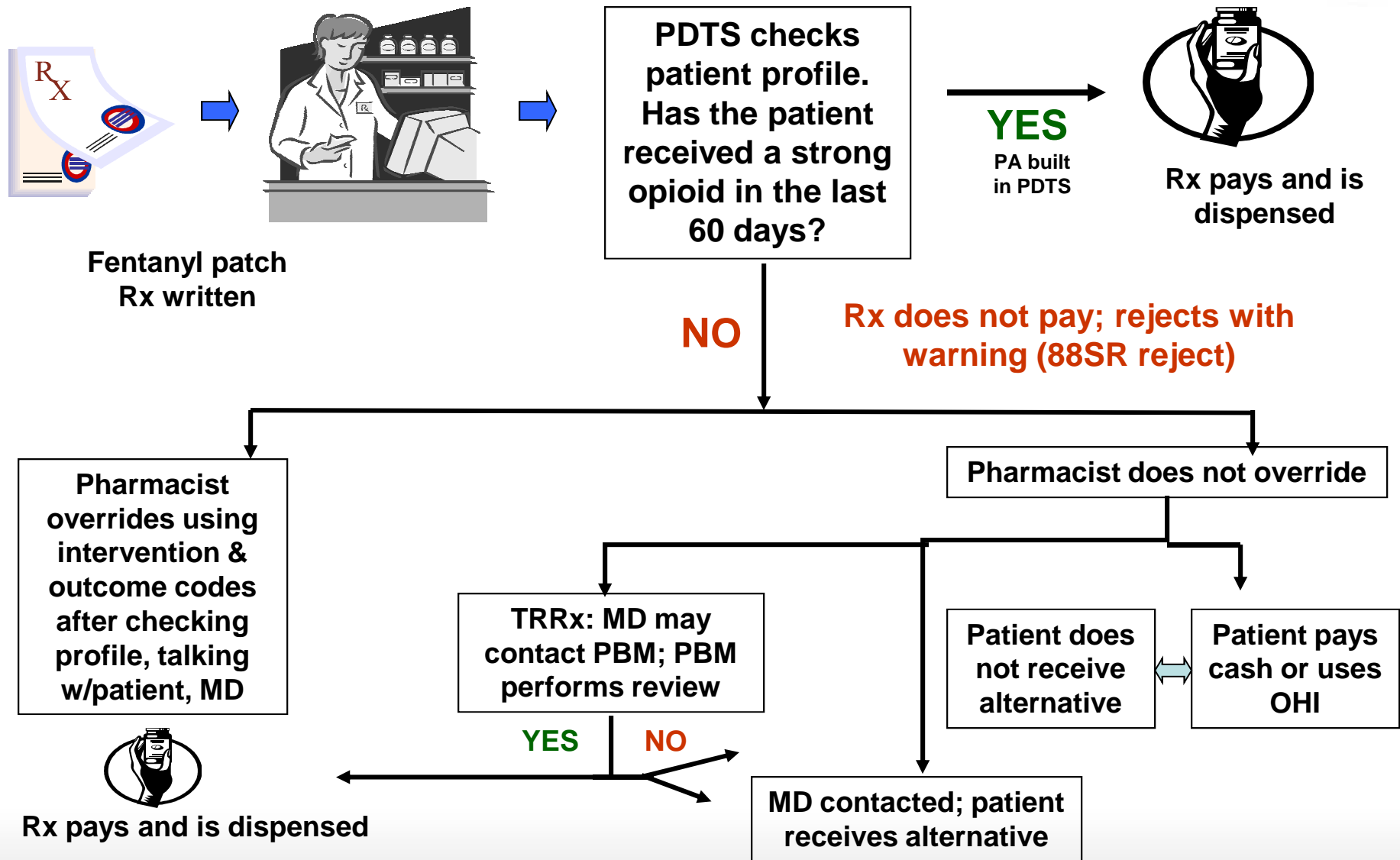
- "Drug-seeking" behavior and "high-risk" of harming themselves

- Restrict to specific providers and controlled substances at retail and mail order
  - allow access to maintenance medications
  - In future, MTF pharmacies/providers will see alert

- Restriction Forms and information available on the PEC website
  - MTF Pharmacy Restriction Form
  - Civilian-based Pharmacy Restriction Form

Medical Necessity Portability

- Allows beneficiaries started on non-formulary medication at the MTFs to fill at the network retail and mail order pharmacies

- PDTS creates PA in the PDTS profile

- Seamless to the beneficiary

Fentanyl Automated Profile Review

Fentanyl patch Rx written

PDTS checks patient profile. Has the patient received a strong opioid in the last 60 days?

YES
PA built in PDTS

Rx pays and is dispensed

NO

Rx does not pay; rejects with warning (88SR reject)

Pharmacist overrides using intervention & outcome codes after checking profile, talking w/patient, MD

Rx pays and is dispensed

TRRx: MD may contact PBM; PBM performs review

YES   **NO**

Pharmacist does not override

Patient does not receive alternative

Patient pays cash or uses OHI

MD contacted; patient receives alternative

Fentanyl Automated Profile Review

- APR now includes fentanyl, Actiq®, and Fentora®

- Successfully tested at Randolph AFB Pharmacy, 24 Sept 09
  - now available to load on all MTF's CHCS Hosts

- MTF Provider and pharmacy see clinical screen to override

  - Not a hard edit as in retail or mail order pharmacy

The Way Ahead

Reducing PMPM costs

– Increase use of lowest-cost points of service

- MTF and Mail Order

– Encourage use the of most cost effective medications; maximize formulary efficiency

– Decrease costs associated with adverse events and drug misadventures
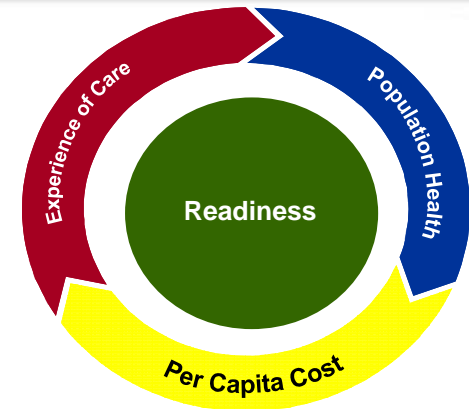
Reducing PMPM costs

– Maximize the value of drug therapy by providing services to increase adherence

– Maximize use of technology

- E-prescribing
- MTF to MOP transfer
- Electronic messaging
- Web based applications; prescription transfer, PHR

– Use of Incentive Programs; e.g., Vaccines

Experience of Care · Population Health · Readiness · Per Capita Cost